Draft Assumptions

Community Access Program

Definition:

- Assumptions: The underlying facts that you have taken to be true that are necessary for the activity, output, or outcome to happen or be successful.

Integration of service delivery systems:

- The integration of services by (a) eliminating administrative barriers and creating referral systems; (b) sharing administrative and patient information and clinical expertise; and (c) coordinating across systems of care/types of providers, will result in increased patient access and improved utilization, improved systems performance, and ultimately in improved health status.

- Patients who encounter fewer barriers to care will be more likely to get the care they need, when they need it. As a result, they will have better health outcomes and will be less costly to the system.

- The sharing of information among providers in the coalition will result in improved financial and clinical performance because providers will be able to monitor and benchmark their progress and outcomes.

- The potential for competition will not prevent providers from collaborating to eliminate barriers, create referral systems, share information and clinical expertise, and coordinate across systems of care.

- The coalitions will be able to find and/or train qualified staff or consultants to implement an appropriate management information system (MIS).

- People will use the MIS once it is installed.

- Providers will be willing to implement clinical protocols that are developed by the coalition.

- Clinical protocols and disease management will lead to improved health outcomes.

Improvement of business practices and integration of financial systems:

- Collaborative efforts to improve business practices and integrate financial systems across providers will result in more efficient operations, reduce duplication, and improve the stability of safety net providers.

- The coalitions will be able to capture some of these savings and reinvest them in the safety net.

- The potential for competition will not prevent providers from collaborating to improve business practices and integrate financial systems.

Increased enrollment in health insurance plans:

- Enrolling eligible populations in available insurance plans will improve the financial stability of the safety net, increase patient access to care, and improve utilization.

- The potential for competition will not prevent providers from working collaboratively to enroll patients.

- The coalitions will be able to reach out to and enroll eligible populations.

- Increased enrollment into public insurance programs will not result in cutbacks to those programs.

Expansion of service delivery:

- In many communities, there are gaps in services provided or shortages of certain kinds of providers. Often there are sub-populations that have difficulty accessing the full range of services. Filling these gaps and reaching these populations will increase access and improve utilization and systems performance.

- The coalitions will be able to provide new services and attract new providers, thereby improving access to care.

- The coalitions will be able to reach out to new patients and provide them with needed services.

Implementation of community/patient education programs:

- Better informed patients will make better care-seeking decisions, which will result in better health outcomes and cause the delivery system to operate more efficiently and effectively.

- Better-informed patients will know how to use the health care system and will be more satisfied with the care they receive.

- The coalitions will be able to reach people who need to be educated, and teach them what they need to know in a way they can understand.

Improvements in service delivery:

- Providers need to improve how they deliver care to make their systems more responsive to patients and to increase their efficiency. By integrating their systems with other providers, they can improve their functioning and performance.

Informing public policy:

- By articulating unmet need using better data and broadening the constituency for the uninsured, the coalitions will be able to convince policy makers to provide more resources and develop more supportive public policies.

- Lessons can be learned from the efforts of the CAP coalitions -- by other communities that are seeking to strengthen their services to the uninsured and other vulnerable populations, by other potential public and private sector funders, and by state and federal policy makers.

Resources/sustainability:

- Many communities that have pre-existing efforts underway to improve access for the uninsured and other vulnerable populations are missing support for key components of systems integration. By providing funds for those missing pieces, HRSA can help catalyze change that will result in an expanded and improved array of safety net services available to this population.

- Forming broad-based coalitions will help foster and sustain the integration of and support for safety net services.

- Systems change that occurs during the grant period will be sustained once federal CAP funding is no longer available.